

Health Check Required Equipment Form

- ☐ Scale for Weighing Infants **present**
- ☐ Scale for Weighing Children and Adolescents **present**
- ☐ Measuring Board or Device for measuring Length or Height in the recumbent position for Infants and Children up to the age of two (2) **present**
- ☐ Measuring Board or Device for measuring Height in the vertical position for children who are over two (2) years old **present**
- ☐ Blood Pressure apparatus with infant, child, and adult cuffs **present**
- ☐ Screening audiometer **present**
- ☐ Centrifuge or other device for measuring hematocrit or hemoglobin **present**
- ☐ Eye charts appropriate for age of the child **present**
- ☐ Developmental and Behavioral Screening tools **present**
- ☐ Ophthalmoscope and Otoscope **present**

The information supplied in this document is true, accurate and complete and is hereby released to the Georgia Department of Community Health, Division of Medical Assistance for purpose of enrolling in the Health Check program. I understand that falsification, omission or misrepresentation of any information in this enrollment document will result in a denial of enrollment, the closure of current enrollment, and the denial of future enrollment request, and may be punishable by criminal, civil or other administrative actions. I understand that my completion of this form certifies that I have the necessary equipment as listed in Part II- Policies and Procedures for Health Check program manual .

Provider Name

Date

Provider Title

Provider Number